PRINTED: 10/10/2008 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
, , , , , , , , , , , , ,		1 -2	A. BUILDING	<u> </u>	
		09G127	B. WING		09/26/2008
NAME OF P	ROVIDER OR SUPPLIER		I	EET ADDRESS, CITY, STATE, ZIP CODE:	
MY OWN	I PLACE		-	ASHINGTON, DC 20019	•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLÉTION
W 000	INITIAL COMMENT	rs	W 000	<u> </u>	
W 114	September 24, 200 2008. The survey of fundamental survey of two clients were three males with various at the findings of this observations at the programs, interview group home and da and administrative unusual incident re 483.410(c)(4) CLIE Any individual who		W 114	GOVERNMENT OF THE DIST DEPARTMENT OF HEALTH REGULATION A 825 NORTH CAPITOL ST WASHINGTON, I	DMINISTRATION N.E., 2ND FLOOR
	Based on observat facility failed to ens in the client's reconthe two cleints included and #2) The findings included and the findings included and #2) The findings included and findings included	is not met as evidenced by: ion and record review, the ure that person making entries d dated and signed it for two of uded in the sample. (Clients e: the medication administration 2008, at 4:50 PM revealed that Lactulose 30 ml. Record hysician orders dated evealed no physician's review of the client's physician orimary care physician st and June 2008 orders. the medication administration		W114 1. Though My Own Place policy states physician orders are to be signed at learninety dates, in order to promote best the future, the RN for facility as part or monthly reviews will ensure that the p physician has signed all current physic In addition a copy of the signed physic will be submitted to the main office for Director or Nursing's review and filing attached nursing policy)	st every 9/26/08 and ongoing fher rimary care cian orders. cian orders r the

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient projection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU	-	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G127	B. WII	NG_		09/2	6/2008
MY OWN	ROVIDER OR SUPPLIER		,	4	REET ADDRESS, CITY, STATE, ZIP CODE 141 ANACOSTIA AVE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 114	Client #2 received 2 Vitamin D, Docusat verification of the p September 2008 re signature. Further order revealed no p signature on Augus 483.410(d)(3) SER' OUTSIDE SOURCE	2008 at 5:02 PM revealed that Zantac 150 mg, Calcarb with the Sodium, etc Record hysician orders dated evealed no physician's review of the client's physician orimary care physician or and June 2008 orders. VICES PROVIDED WITH ES	W		2. Although the primary care physician reviewed the medical records of the in the home on a monthly basis as eviden monthly notes, in order to promote bes In the future, the RN for the facility withat the PCP signs all physician orders of the signed orders will be submitted office for the Director of Nursing revie attached monthly physician notes for n	dividuals in at from his at practices, ill ensure and copies to the main ew. (see	9/26/08 and ongoing
	Based on observation review, the facility facili	24, 2008 at 5:25 PM, Client #1 g dinner using a built up Interview with the day eptember 25, 2008, at 1:00 PM ent uses a regular plastic eals. Interview with the etardation Professional estaff and the Registered			W120 On September 25, 2008 the QMRP too resident#1's built up spoon to his day p along with ISP containing the OT report the use of the built up spoon. Additions QMRP has been conducting weekly che mealtime, to ensure that the spoon is be at the day program. In the future, the Q include Adaptive equipment checks as monthly day program report. (See attack monthly day program report)	orogram It specifying ally the ecks during eing utilized MRP will part of her	9/25/08 and ongoing

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	
,		09G127	B. WIN			09/2	6/2008
NAME OF P	ROVIDER OR SUPPLIER		••	4	REET ADDRESS, CITY, STATE, ZIP CODE 141 ANACOSTIA AVE, NE VASHINGTON, DC 20019	1 00/2	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 120	that the client shoul minimize spillage d with the QMRP indi and provide the day adaptive feeding ed. 2. On September 2 was observed eatintablespoon, high signed an elevated plate Client #2's day prograt 11:20 AM reveal lunch. The treatment handle spoon, scool interview with the treatment interview with the client should has Further interview with the client was a residential provider According to the tree Program Director a	Id use built up spoons to uring meals. Further interview cated that she would contact or program with the appropriate quipment. 24, 2008 at 5:25 PM, Client #2 and dinner using a built up ded plate, cup with handles atteriser. Observations at gram on September 26, 2008, and the client was being fed his ent staff was using a built up op plate and cup with lid. The provided the client staff revealed sitting at a high table until the provided the elevated tray. The staff, he informed the pproximately two weeks ago. The staff revealed of the client staff, he informed the proximately two weeks ago.	W	120	2. Resident# 2's elevated plate riser we the day program on September 26, 200 with a copy of the most recent ISP with recommendations for adaptive equipment Additionally the QMRP has been concedured by checks during mealtimes, to enadaptive equipment is being utilized at program. In the future, the QMRP will Adaptive equipment checks as part of day program report.	08 along th OT tent. tucting sure that all the day include	9/26/08 and ongoing
₩ 124	June 18, 2006 on S PM revealed the fol equipment: built up elevated tray and co of the Occupational December 5, 2006 use the following ac built up handle spoc handle during meals September 26, 200 would contact and p the appropriate ada	t #2's feeding protocol dated eptember 26, 2008 at 12:00 lowing adaptive feeding handle spoon, scoop plate, up with lid. Record verification. Therapy assessment dated revealed that the client should laptive feeding equipment: on, scoop plate and cup with s. Interview with QMRP on 8 at 3:00 PM revealed that she provide the day program with ptive feeding equipment. TECTION OF CLIENT'S	W 1	24	-		

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G127	B. Wi	NG_		09/2	6/2008
NAME OF P	PLACE			4	REET ADDRESS, CITY, STATE, ZIP COI 141 ANACOSTIA AVE, NE VASHINGTON, DC 20019	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 124	Therefore the facili parent (if the client of the client's mediand behavioral state treatment, and of the state of the sta	is ure the rights of all clients. Ity must inform each client, is a minor), or legal guardian, cal condition, developmental itus, attendant risks of the right to refuse treatment. It is not met as evidenced by: It is	W	124			
	The findings included 1. The facility faile informed consent wand/or her legal guiduring medical approximation of the documented the noted that intended the noted that intended in the legal guiduring medications were a behaviors during medications were a behaviors during medications were a demanded that administered.	d to provide evidence that vas obtained from Client #1 ardian for sedations given			W124 1. As of 10/2/08 M.O.P has revised ensure that all procedures requiring preceded by consent from the indiguardian. In the future, M.O.P with consents are received prior medicand that the consents are maintain individual's medical record. (See policy)	ng sedation are ividual's legal Il ensure that al appointments aed in the	10/2/08 and ongoing

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		09G127	B. WII	NG		09/2	6/2008
MY OWN	ROVIDER OR SUPPLIER		•	4	REET ADDRESS, CITY, STATE, ZIP CODE 141 ANACOSTIA AVE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 124	Professional (QMR) approximately 2:00 not have the capacithe use of medicating The QMRP's staten September 25, 200 Client #1's psycholor December 6, 2007, assessment, Client capacity to make detreatment/habilitations residential placeme Additionally, the QM not have a legal gustamily members. A however, the facility that informed consectient and/or legally the use of the afore 2. The facility failed revealed Client #2's informed of recommadministering them. Review of Client #2 September 25, 200 revealed the following March 5, 2008 - Attainment of the prior to dental evaluations and the following March 5, 2008 - Attainment of the mouth prior to medicorresponding March 5, 2008 - Compute prior to medicorresponding MAR	P) on September 25, 2008 at PM revealed that Client #1 did ity to give informed consent for one and habilitation services. In the services are the services are the services as the services are	W	124	2. M.O.P has revised its policy to ensure guardians are notified in writing of pro requiring sedation. Additionally, M.O. developed a consent form that provide guardian with information about the pr medication used for sedation as well as possible side effects. In the future, M.O. ensure that consents are received prior appointments and that the consents are in the individual's medical record. (see informed consent form)	cedures P has s the ocedure, s any D.P will medical maintained	10/2/08 and ongoing

STATEMENT	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G127	B. WIN	1G_		09/26	/2008
NAME OF PI	PLACE			41	EET ADDRESS, CITY, STATE, ZIP CODE 141 ANACOSTIA AVE, NE /ASHINGTON, DC 20019		·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 124	to dental appointmed MAR for January 2 administered on January 2 approximately 11:3 not capable of givinuse of medications QMRP's statement 26, 2008 at 12:00 #2's Psychological 23, 2007. According as "not able to maconcerning his treativing arrangement The QMRP revealed all guardian to a	7 - Ativan 2 mg by mouth prior ent. Review of corresponding 008 revealed the sedation was anuary 22, 2008. Qualified Mental Retardation (P) on September 26, 2008 at 80 AM revealed Client #2 was ng informed consent for the 6 and habilitation services. The 6 and habilitation services. The 6 twas verified on September (PM through review of Client Assessment dated September 1 ng to the assessment, Client #1 ake independent decisions atment plan, financial affairs, 15, or day placement."	W	124	·		
W 140	involved family me the survey, however evidence that informs from the client and representative for sedations. Interview with the review of the client 2008 confirmed the for non-compliance medical appointments.		w	140			
		stablish and maintain a system and complete accounting of					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
ANDIDANG	OCKNEOTION	IDENTIFICATION NOMBER	A, BUILE	DING		1
		09G127	B. WING)	- 09/2	6/2008
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 1 4141 ANACOSTIA AVE, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
W 140	clients' personal furbehalf of clients. This STANDARD is Based on staff interfacility failed to ensimplemented to many of clients personal clients in the samp. The finding include Review of Client #1 conducted on Sept. The bank statemer December 2007 that he following withdrawer receipts totality and the following with the following	is not met as evidenced by: rview and record review, the fure a system had been funds for one of the three fle. (Client #1) s: I's financial record was fember 26, 2008 at 1:00 PM. Ints were reviewed from frough July 2008 and revealed frawals: The amount of \$118.17. There ing 45.14; The amount of \$25.00; and fine amount of \$34.00. Survey, the facility failed to accounting of Client #1's proving evidence that justified if withdrawal. FIED MENTAL	W 14	W 140 1. M.O.P policy states that refreconciled on a monthly befact that the resident mana accident at the time of the to obtain information about for the resident#1, during future however all resident thoroughly and completely release of any additional records will be audited on QMRP as part of her Quarattached financial policy)	esident accounts are to be asis. However due to the ger was in a severe survey, we were unable at the missing receipts the month of July. In the t funds will be y reconciled prior to the nonies and the financial Quarterly basis by the reterly review. (See	11/15/08 and ongoing
	integrated, coordinate	atreatment program must be attended and monitored by a tardation professional.				
	This STANDARD	is not met as evidenced by:		,		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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NAME OF P	ROVIDER OR SUPPLIER		- I.	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/2	72000
MY OWN	I PLACE		-1		4141 ANACOSTIA AVE, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 159	Continued From pa	ge 7	W	159			
	failed to ensure that program was integr				W159 1. On 10/15/08 the QMRP provided all with current dietary orders for each in the home. In the future, the QMRP we each program has current orders during monthly day program monitoring pro-	dividual in ill ensure that up the	10/15/08 and ongoing
	was provided with own with the wind wind with the wind wind with the wind wind wind wind with the wind wind wind wind wind wind wind wind	d to ensure that day program current dietary order. [See dietary order.] dietary order.			2. On 10/15/08 the QMRP has ensured to individual's IPP was revised to ensure training of activities of daily living in personal hygiene care. (See attached sheet.) In the future, the QMRP will nactivities of daily living weekly and d in monthly notes. 3. The QMRP has reviewed all IPP goals.	e informal cluding personal care nonitor these etail progress	10/15/08 and ongoing
W 194	received continuou achievement of IPF interdisciplinary tea 4. The QMRP faile once the client had objective identified	d to ensure that clients is active treatment to support objectives identified by the im. [See W249] d to review and revise the IPP successfully completed an in the IPP. [See W255] FF TRAINING PROGRAM	W	194	recent ISP's for the individuals in the ensure that the individuals are being a supported in achieving the IPP goals. the QMRP has re-trained the staff in it the appropriate implementation and do of the goals identified by the interdisc team. (See attached sign-in sheet and In the future, the QMRP will complete systematic monitoring staff's impleme IPP goals to ensure appropriate supports to the individuals.)	home to ppropriately On 10/19/08 he home on coumentation iplinary agenda) we weekly entation of t is being imum	10/19/08 and ongoing
	techniques necessary program plans for expressible. This STANDARD is Based on observation review, the facility successible competency in the interest of the program of th	to demonstrate the skills and ary to implement the individual each client for whom they are so not met as evidenced by: on, interview and the record taff failed to demonstrate implementation of each clients plan, for one of the two clients ple. (Client #1)			observations and any staff training conduring her quarterly reviews. 4. The QMRP will revise all IPP goals be this is the ISP renewal date for the indithe home, to reflect achievements and the future, the QMRP will monitor all and make revisions as goals have been deemed unattainable. Additionally, the will reflect the progress of these goals quarterly report.	y 11/20/08 as ividuals in progress. In IPP goals a achieved or the QMRP	11/20/08 and ongoing

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		09G127	B. WII	NG_		09/26	5/2008
MY OWN	PLACE			4	REET ADDRESS, CITY, STATE, ZIP CODE 141 ANACOSTIA AVE, NE VASHINGTON, DC 20019		
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W 194	Continued From pa	ge 8	W	194			
		2008 at 4:10 PM, Client #1			*		-
	At 4:15 PM, a direct removing the client client was observed using a roller walke observed in a horize the direct care staff.	day program in a wheelchair. It care staff was observed It's shoes. At 4:18 PM, the It's walking to his bedroom It's feet were			W 194 1. Resident#1 has expressed discomfort of ambulating with shoes around the hour result the PT has re-evaluated the indit 10/4/08 to ensure safety if he desires to without his shoes in the home. (See at report) In the future however, the QMRP will appropriately implement all programs conducting weekly systematic monitor.	se. As a vidual on o ambulate ttached PT ensure, staff by	10/4/08 and ongoing
W 242	2008 at approxima Physical Therapy (December 12, 200 assessment, the cathe client should wambulation. Further staff indicated that walk in his shoes. Mental Retardation September 25, 200 documented by the client should wambulation. At the failed to ensure staduring ambulation	It's record on September 25, tely 3:00 PM revealed a PT) assessment dated 7. According to the consultant recommended that ear shoes during "ALL" er interview with the direct care the client usually refused to Interview with the Qualified a Professional (QMRP) on 8 verified the information e consultant and indicated that ear shoes during all time of the survey, the facility off kept shoes on Client #1 as recommended by the PT. NDIVIDUAL PROGRAM PLAN	w	242	training of staff implementation of IPI recommendations to ensure appropriate being given to the individual to achieve outcomes. In cases where there is concerned the implementation of the recommend QMRP will notify the professional that the program within 72 hours to reques reevaluation or modification as deemed	e goals and the support is we maximum cern about lations, the at developed t a	
	those clients who land skills essential for (including, but not personal hygiene, bathing, dressing,	gram plan must include, for ack them, training in personal privacy and independence limited to, toilet training, dental hygiene, self-feeding, grooming, and communication atil it has been demonstrated				·	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE		
		09G127	. B. WII	NG_		09/20	5/2008
NAME OF P	ROVIDER OR SUPPLIER		~	4	REET ADDRESS, CITY, STATE, ZIP CODE 1141 ANACOSTIA AVE, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 242	Continued From pa that the client is de acquiring them.	ge 9 velopmentally incapable of	W	242			
-	Based on observation review, the facility for individual program activities of daily livinformal setting for sample. (Clients #	•					
	care staff was obser PM, the direct care dishes in the dishw #1 was observed g and having a seat of direct care staff ind participate in meal Review of the client dated December 18, 2008 at 3:30 PM rethe client to particip Further review of the 18, 2007 failed to ice	e: 24, 2008, at 4:20 PM, a direct erved preparing dinner. At 5:35 staff was observed putting the asher after the dinner. Client oing to the living room area on the sofa. Interview with the licated that Client #1 does not preparations or clean up. It's Nutritional assessment 8, 2007 on September 25, evealed a recommendation for pate in meal preparation. The client's IPP dated December dentify a meal preparation.			W242 1. On 10/19/08 the QMRP has implement preparation program for individual #1 #2 based on their level of independent Additionally, the QMRP on 10/19/08 conducted trainings on implementation documentation of these new programs future, the QMRP will continue to assimintividual's strength by completing A assessments annually, and accordingly activities and programs that promote and positive outcomes for each reside 2. On 10/19/08 the QMRP has implement hygiene monitoring program to promote all health for all individuals in the h	as well as ce. has n and s. In the sess aBS-RC2 y develop independence int. nted a ote optimal ome. The	10/19/08 and ongoing
	PM, Client #2 compropelled his wheel he watched televisi Client #2's medical consultation dated 12, 2006. The conclient had periodon	n September 24, 2008 at 5:45 bleted his dinner. The client lohair to the living room where on until 6:45 PM. Review of record revealed a dental March 17, 2008 and October isultation indicated that the titis disease, heavy plaque and The dentist recommended that			QMRP has trained staff on the impler documentation of the program and w data and implementation on a weekly future the QMRP will ensure that all recommendations are immediately for and implemented to promote optimus (See attached Hygiene Maintenance)	ill monitor basis. In the specialist llowed-up on health.	10/19/08 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'	(X1) PROVIDER/SUPPLIER/CLIA	1, ,		LE CONSTRUCTION	(X3) DATE SURV COMPLETED		
AND I DAN O	·		1	LDING			
		09G127	B. Wi	VG		09/2	6/2008
NAME OF P	ROVIDER OR SUPPLIER		٠.	41/	EET ADDRESS, CITY, STATE, ZIP CO 41 ANACOSTIA AVE, NE ASHINGTON, DC 20019	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ıx	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 242 W 249	the client brush his (after each meal). the direct care staf brush his teeth. Review of the IPP failed to identified a	teeth three times per day There was no evidence that f encouraged the client to dated November 18, 2007 a toothbrushing program. DGRAM IMPLEMENTATION		242	4		
	formulated a client each client must re treatment program interventions and s and frequency to s	erdisciplinary team has is individual program plan, eceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program			W 249 On 10/17/08 the RN along with to care staff and the QMRP, has con medication assessments for the irresiding in the facility. The result assessment will be discussed and the upcoming ISP's on Novembe attached assessments) In the first evaluate the individual's strength effort maximize participation during the staff of the strength of the staff of th	mpleted all self adividual's its of the integrated in to to 20, 2008. (See are the RN will is Ouarterly in	11/23/08 and ongoing
·	Based on observati review, the facility	is not met as evidenced by: tion, staff interview and record failed to provide continuous r one of the two clients nple. (Client #1)			of their medications.		
i.	The finding incude	s :					
	September 24, 200 observed punching pack into a medical assistance from the Employee (TME), cup on the table. Up the medication independently. Interesting the second control of	tion administration on 18 at 5:02 PM, Client #1 was a medication from the bubble ation cup with physical e Trained Medication The TME put the medication The client was observed picking cup and water and drinking erview with the TME indicated cipates well in the self m.	. '				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			8. WII		<u> </u>		
		09G127	J	1		09/26	3/2008
MY OWN	PROVIDER OR SUPPLIER		•	4	REET ADDRESS, CITY, STATE, ZIP CODE 141 ANACOSTIA AVE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 11	W:	249			
W 255	(IPP) dated Decem program objective vassistance, [the clie medications and the was no evidence the medications during observation. 483.440(f)(1)(i) PRCHANGE The individual progleast by the qualified professional and rebut not limited to si	at #1's Individual Program Plan ber 18, 2007 revealed a which stated, "With staff ent] will review his list of eir purpose, weekly." There tat the client listed his the medication pass OGRAM MONITORING & ram plan must be reviewed at a mental retardation evised as necessary, including, tuations in which the client has eted an objective or objectives	W	255	W255 Based on information gathered from the data sheets for resident# 1, he has met of exiting the home with staff assistanthan three minutes during a fire drill from the consecutive sessions. However the II decided to continue this goal for main reevaluated during the upcoming ISP	ce in less or four OT team tenance to be meeting on	11/20/08 and ongoing
	Identified in the indicated in the indic	ividual program plan. is not met as evidenced by: review and record review, the etardation Professional eview and revise the Individual once the client had eted an objective identified in the three clients in the sample.			November 20, 2008. In the future the ensure that all program outcomes are monthly to and updated or revised ba achievement of goals to promoted maindependence.	monitored sed on	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (A. BUILDING		(X3) DATE SURVEY COMPLETED				
		09G127	B. WII	IG		09/2	16/2008
1	PROVIDER OR SUPPLIER			41	EET ADDRESS, CITY, STATE, ZIP CODE 41 ANACOSTIA AVE, NE (ASHINGTON, DC 20019		
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W 255	criteria for the perio	ge 12 od of April 2008 through June ow of the data sheets indicated he established criteria since	W	255			
W 263	the program.	ence that the QMRP revised OGRAM MONITORING &	W	263			
	are conducted only	uld insure that these programs with the written informed t, parents (if the client is a dian.					
	Based on interview facility's specially-co ensure that restrictivafter written consen	s not met as evidenced by: and record review, the onstituted committee failed to we programs were used only its had been obtained, for two notuded in the sample.			W 263 As of 10/2/08 M.O.P has revised its policensure that all procedures requiring seda preceded by consent from the individual guardian. In the future, M.O.P will ensu consents are received prior medical appeand that the consents are maintained in tindividual's medical record. (See attache policy)	ation are I's legal re that cointments he	10/2/08 and ongoing
	The finding includes	s:					
W 325	consent was obtained legal guardian prior [Cross-refer to W12	ensure written informed ed from Clients #1and #3's to administering sedations. 4] HYSICIAN SERVICES	W 3	25			
Ī	examinations of each includes routine screen	ovide or obtain annual physical ch client that at a minimum sening laboratory sermined necessary by the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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W 325	This STANDARD is Based on observation review, the facility for laboratory testing a physician for one of sample. (Client #1) The finding include Review of Client #1 September 25, 200 revealed an order for the finding include the sample.	s not met as evidenced by: ion, interview, and record ailed to provide routine s determined necessary by the f two clients included in the	W	325	W325 It is M.O.P policy that medical revice conducted on a monthly basis in an that all recommendations are imples followed-up on in a timely fashion. schedule the chest x-ray for residen completed on October 24, 2008. In RN will ensure timely follow-up of recommendations and the status of recommendations will be reflected and QMRP notes.	effort to ensure mented and The RN did t # 1 to be the future, the all	10/24/08 and ongoing	
-	August 23, 2003. In Nurse (RN) on Sep indicated that the D copy of the X-ray refurther record reviet facility's RN on the acknowledged that	nterview with the Registered tember 26, 2008 at 11:00 AM irector of Nursing may have a			a [®]	·		
W 331	483.460(c) NURSIN	NG SERVICES Divide clients with nursing nee with their needs.	W:	331	•			
	Based on interviews failed to ensure that services in accorda	s not met as evidenced by: s and record review, the facility t each client received nursing nce with their needs for one of in the sample. (Client #1)					·	
	The findings include 1. The facility's nurroutine laboratory te	e: sing staff failed to provide esting as determined						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
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MY OWN	,			STREET ADDRESS, CITY, STATE, ZIP CODE 4141 ANACOSTIA AVE, NE WASHINGTON, DC 20019	1 03/20/20	
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W 334	necessary by the ph W325] 2. The facility's nurnursing assessment examination. [See V3. The facility's nurseach client's health registered nurse staffrequent basis. [See 483.460(c)(3)(i) NUI Nursing services mucertified as not need review of their health direct physical examination. This STANDARD is	sing staff failed to ensure that ts included direct physical W334] sing staff failed to ensure that status was reviewed by a siff on a quarterly or more e W336] RSING SERVICES ust include, for those clients ling a medical care plan, a matatus which must be by a hination.	W 3	W 331 1. Resident #1 received routine lab word 7/19/08, and 9/6/08 (see attached lab the future, the facility will continue to routine lab work is completed for eac in a timely manner as determined necephysician and appropriately filed in the medical record. 34 2. As part of the future nursing monthly physical assessment will be complete documented on the monthly report. In M.O.P complete a more thorough nur evaluations that encompass full systems. 3. M.O.P policy and procedures stipulate nursing reviews are to be conducted or	results) In one ensure that hindividual essary by the are individual evaluation, di and results in the future sing monthly in screenings.	5/08 and oing 5/08 and oing
	Based on staff intentifacility failed to ensuincluded direct physitwo clients included and #2) The findings include 1. Review of Client: September 26, 2008 nursing assessment and monthly nursing The monthly nursing results, medical apprecadings. The month failed to provide evidassessments include	riew and record review, the re that nursing assessments ical examination for two of the in the sample. (Clients #1 #1 medical record on at 3:00 PM revealed a dated December 19, 2007 progress notes for 2008. progress notes included laboration, and blood pressure only nursing progress notes ence that quarterly nursing		basis which is more frequently than question that the facility will promote be by ensuring that the RN conducts systemonthly reviews of each individual's monthly reviews of each individual's was a part of the nursing monthly evaluations that encompass full system evaluations that encompass full system	uarterly. (In st practices ematic health status. 9/26 ongoing the future gmonthly	08 and ing.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1		PLE CONSTRUCTION	(X3) DATE SL COMPLE	
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W 334	indicated that quart were not required a Nursing. 2. Review of Client September 26, 200 nursing assessmer	acility's Registered Nurse (RN) erly physical examinations according to the Director of t#2 medical record on 8 at 3:00 PM revealed a at dated December 19, 2007	w:	334	2. M.O.P policy and procedures stipul nursing reviews are to be conducted o basis which is more frequently than quent of the future nursing monthly eva	n a monthly uarterly. As	9/26/08 and
W 336	and monthly nursin The monthly nursin results, medical appreadings. The montailed to provide evassessments include examination and challed that quart were not required a Nursing.	g progress notes for 2008. g progress notes included lab pointment, and blood pressure athly nursing progress notes idence that quarterly nursing	W	336	system check will be conducted. In the M.O.P will complete thorough nursing evaluations that encompass full system	e future g monthly	ongoing.
a de la companya de	Nursing services m certified as not nee review of their heal quarterly or more fr client need.	ust include, for those clients ding a medical care plan, a th status which must be on a requent basis depending on			•		
	Based on interview failed to ensure tha by the nursing staff	s not met as evidenced by: and record review, the facility t a health status was reviewed on a quarterly or more wo of the two clients in the and #2)					
•	The findings include	e:					
		:#2's medical record on 8 at approximately 3:00 PM					

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W 336	Continued From pa	ge 16	W	336			· · · · · · · · · · · · · · · · · · ·	
W 356	revealed an annual December 19, 200 client's record rever quarterly assessment Licensed Practical quarterly assessment 2. Review of Client September 26, 200 revealed an annual January 22, 2008. record revealed tha assessments in the assessment. [Crosserversequipment of the cord reversequipment of the cord revealed than assessment.	nursing assessment dated 8. Further review of the aled that there were no ents in the record after the date it. Further interview with the Nurse confirmed that the ent had not been completed. #2's medical record on 8 at approximately 12:00 PM nursing assessment dated Further review of the client's it there were no quarterly record after the date annual	. W:		W336 M.O.P policy and procedures stipulate nursing reviews are to be conducted or basis which is more frequently than quithe future the M.O.P RN will complete thorough nursing monthly evaluation to full system checks.	n a monthly earterly. In	9/26/08 and ongoing	
Y 5:	treatment services in needed for relief of restoration of teeth, health. This STANDARD is Based on interview failed to ensure con	sure comprehensive dental that include dental care pain and infections, and maintenance of dental s not met as evidenced by: and record review, the facility opposite the street and the street and record review.			W 356 Due to delay in receiving authorization Medicaid, this appointment was delaye However resident # 2 was recently seen dentist on 10/15/08 and it was recommendate individual receive dental services from the individual receive dental servi	d. the the ended that	10/15/08 and ongoing	
	services for the mai one of the two clien. The findings include Review of Client #2 2008 at 3:30 PM ret the dentist as docur. October 12, 2006	intenance of dental health for ts in the sample. (Client #2) e: 's records on September 25, vealed Client #2 was seen by			surgeon. This recommendation has bee forwarded to the Human Rights Comminessage has been left for individual's sconsent. (See Attached Dental Evaluation the future, M.O.P will make every effall medical appointments completed in amanner to and that these efforts are appropriated in the nursing monthly note effort to ensure that all individuals are not optimal health services.	ittee and a lister to give ion Form) fort to have a timely ropriately		
		* * * * * * * * * * * * * * * * * * * *		1	* • · ·		' I	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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W 356		-	W:	356			
W 381	residential provider February 6, 2008 - March 17, 2008 - th documented that th build up plaque an gums bleed when t recommended full all remaining teeth sedation. Interview with the F September 26, 200 medical record falle recommended den conducted. 483.460(I)(1) DRUG RECORDKEEPING The facility must st conditions of secur	appointment cancelled by the the client refused treatment. The dental consultant ne client had periodontitis, large calculus on all teeth. Surface couched. The dentist mouth scaling and polishing of under deep conscious Registered Nurse on 18 and review of Client #2's need to provide evidence that the stal services had been G STORAGE AND 35 core drugs under proper city.	w	3381	**		
	Based on observativerification, the facility failed to medications were served.	. •			W381 On 10/19/08 the RN retrained all TME medication storage and appropriate medelivery procedures. (See attached ag sign-in sheet) In the future the RN will monitor all TME's administering medileast once a month and re-train as deer necessary.	edication enda and Il closely ication at	10/19/08 and ongoing

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION (X3) DATE SI COMPLE		
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W 381 W 383	September 24, 200 medication employed leave the client's to kitchen table betwee Client #1's routine in the countertop while bedroom (located in Clients, staff and the when the medication 483.460(I)(2) DRUGECORDKEEPING	8 at 5:20 PM, the trained see (TME) was observed to pical medication on the sen Clients #2 and Client #3. medications were observed on the the TME went to the client's in the back of the house), see surveyor were in the area ons were unsecured. STORAGE AND S	w:				
	Based on observatifacility failed to have access to the keys. The finding include. The facility nursing authorized personnation. On September 24, medication employ observed to open a kitchen, retrieve a licabinet. On September 24 to opkitchen, retrieve a licabinet.	s not met as evidenced by: ion and staff interview, the e only authorized persons with to the drug storage area. s: staff failed to ensure that only el had access to clients 2008 at 4:50 PM, the trained ee (TME) Staff #8 was if file cabinet located in the key and open the medication mber 25, 2008 TME staff #7 pen a file cabinet located in the key and open the medication mber 26, 2008 TME staff #7 pen a file cabinet located in the key and open the medication			W383 On 10/19/08 the procedures for access for the medication cabinet was revise Additionally all untrained staff has be to receive TME certification on or be 12/15/08.	ed. een signed up	10/19/08 and ongoing

,	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
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W 383	availability for the T agreed that the key anyone entering the access to clients' m personnel files on S no evidence that all had TME certification 483.480(a)(1) FOO SERVICES	ed to ensure access and iME's. The QMRP and RN was easily accessible for a facility to gain unauthorized nedications. Review of the September 26, 2008 revealed I the direct care staff personnel ons. D AND NUTRITION acceive a nourishing, including modified and	W 34			
	Based on observation review, the facility for well-balance diet for the facility. (Clients of the facility. (Clients of the facility. (Clients of the finding include of the finding include of the menu on Sepapproximately 2:00 menu consisted of fruit cup, mild grahameters of the finding of the menu on Sepapproximately 2:00 menu consisted of fruit cup, mild grahameters of the finding of the find	•		W460 On 10/16/08 the QMRP has update book to reflect the appropriate sure-in serviced staff on the appropriate documentation of all menu substituted sign-in, agenda and substitute future, the QMRP and Home monitor meal preparation on a weffort to ensure that the meal sele with the menu and the Nutritionis quarterly.	abstitution list and oriate itutions (see stitution form) In Manager will eekly basis in an ection is in line	10/16/08 and ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILD			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
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W 460	consisted of turkey beans, mandrin ora Review of the menu Therefore, it could it	tacos, corn on the cob, green inges, and a beverage. I revealed no substitution list. not be determined if the for the planned menu items	W 4	460	•		
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		•			A	• ;	
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Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0228 09/26/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4141 ANACOSTIA AVE. NE MY OWN PLACE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 Kecewed 10/21/08 A recertification survey was conducted from September 24, 2008 through September 26, GOVERNMENT OF THE DISTRICT OF COLUMBIA 2008. The survey was initiated using the full survey process. A random sample of three DEPARTMENT OF HEALTH residents was selected from a population of six HEALTH REGULATION ADMINISTRATION male residents with various levels of mental 825 NORTH CAPITOL ST., N.E., 2ND FLOOR retardation and disabilities. WASHINGTON, D.C. 20002 The findings of the survey was based on observations at the group home and three day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports. 1189 3508.7 ADMINISTRATIVE SUPPORT 1189 Each GHMRP shall maintain records of residents ' funds received and disbursed. 1189 M.O.P policy states that resident accounts are to be This Statute is not met as evidenced by: reconciled on a monthly basis. However due to the Based on interview and record review the fact that the home manger was in a severe accident 11/15/08 and GHMRP failed to maintained each resident's at the time of the survey, we were unable to obtain ongoing funds received and disbursed for one of the two information about the missing receipts for the residents in the sample. (Resident #1) resident#1, during the month of July. In the future however all resident funds will be thoroughly and completely reconciled prior to the release of any The finding includes: additional monies and the financial records will be audited on Quarterly basis by the OMRP as part of Review of Client #1's financial record was her Quarterly review. (See attached financial conducted on September 26, 2008 at 1:00 PM. policy) The bank statements were reviewed from December 2007 through July 2008 and revealed the following withdrawals: - July 14, 2008 in the amount of \$118.17. There were receipts totaling 45.14; - July 18, 2008 in the amount of \$25,00; and - July 21, 2008 ip the amount of \$34,00. Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER'S UPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

PRINTED: 10/10/2008

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0228 09/26/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4141 ANACOSTIA AVE, NE MY OWN PLACE " WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙĐ (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 1 1189 At the time of the survey, the facility failed to ensure a complete accounting of Client #1's personal funds by proving evidence that justified the aforementioned withdrawal. 1 206 3509.6 PERSONNEL POLICIES 1206 Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6). 1206 On 9/26/08 the HR coordinator forgot to attach the The finding includes: physical exam documents for consultants. Current employment physicals are now in place. In the 9/26/08 and The State regulatory agency conducted a review future these documents will be included with the ongoing of personnel records on September 25, 2008, at consultant files. which time there was no evidence of current health certificates on file for Staff #1, Primary care physician, psychiatrist, behavior therapist, podiatrist and the registered nurse.

1422 3521.3 HABILITATION AND TRAINING

Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan.

1422

<u>Health R</u>	<u>egulation Administra</u>	ation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0228			(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/26/2008		
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1 422	Based on interview GHMRP failed to p to residents in accommodition in cluded. The finding included The finding included. The finding included During the medica September 24, 200 was observed punduable pack into a assistance from the Employee (TME) cup on the table, picking up the medication professional professional program objective assistance, [the remedications and the was no evidence to medications during observation.	t met as evidenced by and record review, to and record review, to rovide training and a cordance with the their ion Plans for one of the in the sample. (Resident and instration or 08 at 5:02 PM, Resident medication cup with the Trained Medication from the TME put the medication cup and water the resident was obsidication cup and water the trained medication cup and water the resident participates word to be a company. Sident #1's Individual Interview with the resident purpose, weekly which stated, "With sesident] will review his their purpose, weekly that the resident passident p	he ssistance ssistance for two dent #1 ment #1		On 10/19/08 the RN retrained all TM medication storage and appropriate redivery procedures, and implement medication goals. Additionally, on 1 RN along with the input of direct car QMRP, has completed all self medicassessments for the individual's resifacility and subsequently developed goals based on the individual's level independence. In the future the RN monitor all TME's administering meast once a month and re-train as denecessary.	nedication ation of 0/17/08 the re staff and the cation ding in the appropriate l of will closely edication at	10/19/08 and ongoing
1 424	Each GHMRP sha resident's progra or when the client	TATION AND TRAINI all make modifications m at least every six (illy completed an obje ed in the Individual Ha	s to the 6) months ective or	1 424			
]	,						

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0228 09/26/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4141 ANACOSTIA AVE. NE MY OWN PLACE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID IП (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1424 1424 Continued From page 3 This Statute is not met as evidenced by: Based on observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the Based on information gathered from the program resident has successfully completed an objective data sheets for resident# 1, he has met the criteria identified in the IPP for one of the two residents in of exiting the home with staff assistance in less than three minutes during a fire drill for four the sample. (Resident #1) consecutive sessions. However the QMRP 11/20/08 and ongoing decided to continue this goal for maintenance and The finding includes: modify the completion date to twelve months rather than four in order to ensure that the individual is able to meet complete this task in Review of Resident #1's IPP dated December times of emergencies. In the future the QMRP 18, 2007 on September 25, 2008 at will ensure that all program outcomes are approximately 3:00 PM revealed a program monitored monthly and updated or revised based objective which stated, "With staff assistance, on achievement o f goals to promote maximum [the resident] will exit the home in less than three independence minutes during a fire drill for four consecutive sessions". Review of the QMRP quarterly review dated July 10, 2008 revealed that the resident met the established criteria for the period of April 2008 through June 2008. Further review of the data sheets indicated that the resident met the established criteria since May 2008. There was no evidence that the QMRP revised the program. 1 432 3521.7(c) HABILITATION AND TRAINING 1432 The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents

Health Regulation Administration

PRINTED: 10/10/2008 FORM APPROVED

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0228 09/26/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4141 ANACOSTIA AVE. NE MY OWN PLACE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 1432 Continued From page 4 were effectively trained in toothbrushing for one of the two residents included in the sample. (Resident #2) The finding includes: Observations on September 24, 2008 at 5:45 PM, 1432 Resident #2 completed his dinner. The resident On 10/19/08 the QMRP has implemented a propelled his wheelchair to the living room where 10/19/08 and hygiene monitoring program to promote optimal he watched television until 6:45 PM. Review of ongoing oral health for all individuals in the home. The Resident #2's medical record revealed a dental QMRP has trained staff on the implementation and consultation dated March 17, 2008 and October documentation of the program and will monitor data and implementation on a weekly basis. In the 12, 2006. The consultation indicated that the future the QMRP will ensure that all specialist resident had periodontitis disease, heavy plaque recommendations are immediately followed-up on and calculus deposits. The dentist and implemented to promote optimum health. recommended that the resident brush his teeth (See attached Hygiene Maintenance Chart, training three times per day (after each meal). There sign-in sheet and agenda) was no evidence that the direct care staff encouraged the resident to brush his teeth. Review of the IPP dated November 18, 2007 failed to identified a toothbrushing program. 1436 3521.7(f) HABILITATION AND TRAINING 1436 The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety): This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide training and assistance to residents in accordance with the resident's Individual Habilitation Plan for one of the two residents included in the sample. (Residents #2

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the two residents in the sample (Resident #1) Health Regulation Administration

This Statute is not met as evidenced by:

Based on iterview and record review, the GHMRP failed to ensure IPP objectives were developed to teach residents how to prepare meals for one of

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On September 24, 2008 at 4:10 PM, Resident #1 Health Regulation Administration

The finding includes:

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1 500	#1 and #2) The findings include 1. The facility failed client and/or their let the client's medical behavioral status, a and the right to refue 2. The facility's spefailed to ensure tha	ded in the facility. (Red to ensure the rights egal guardian to be in condition, developmentendant risks of treatise treatment. [See Necially-constituted contractive programs ten consents had been consents had been	of each oformed of ental and ofundation of which which of each	1 500	1500 1. As of 10/2/08 M.O.P has revisensure that all procedures requiripreceded by consent from the inciguardian. In the future, M.O.P we consents are received prior medicand that the consents are maintain individual's medical record. (See policy 2. On 10/20/08 a copy of the M.O.F. specifically details to procedures consent prior to all appointments sedation has been distributed to a HRC committee. In the future the ensure that all guidelines are adhapproval any planning consisting procedures.	ing sedation are dividual's legal ill ensure that cal appointments ned in the attached revised Policy which for obtaining requiring all members of the the HRC will ered to prior to	10/2/08 and ongoing 10/20/08 and ongoing
Joseph Dogu							

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LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 2 of 2